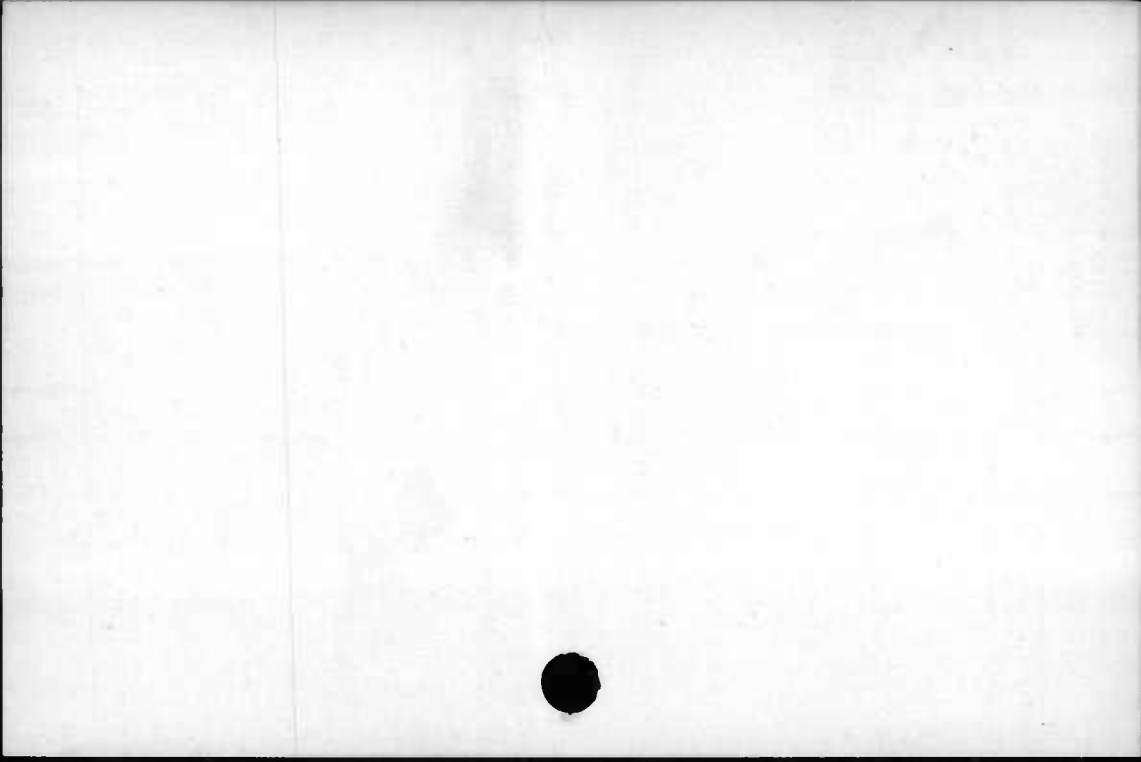


Name In Full		Aric Baker				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Leoluvillo		County Montg		MARYLAND	
	Date of death	1906	Month April	Day 27	Years 79	Months	Days
	Sex	Female		Color or Race	Colored		Birth-place Md.
	Occupation	None			Where Residing if not at place of death		
	Married, Single or Widowed	widowed		Name of Wife or Husband Henry Baker, deceased			
	Father's Name	Richard Lloray				Father's Birthplace	Md.
	Mother's Maiden Name	Martha Lloray				Mother's Birthplace	"
PHYSICIAN OR CORONER	Name of person giving information	Henry Baker			(64)	How related to deceased	Son
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Cerebral Hemorrhage				How long	
	Immediate	Paralysis				How long	2 days.
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician H. J. Brumba		
	Yes.				Address Silver Spring Md.		
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

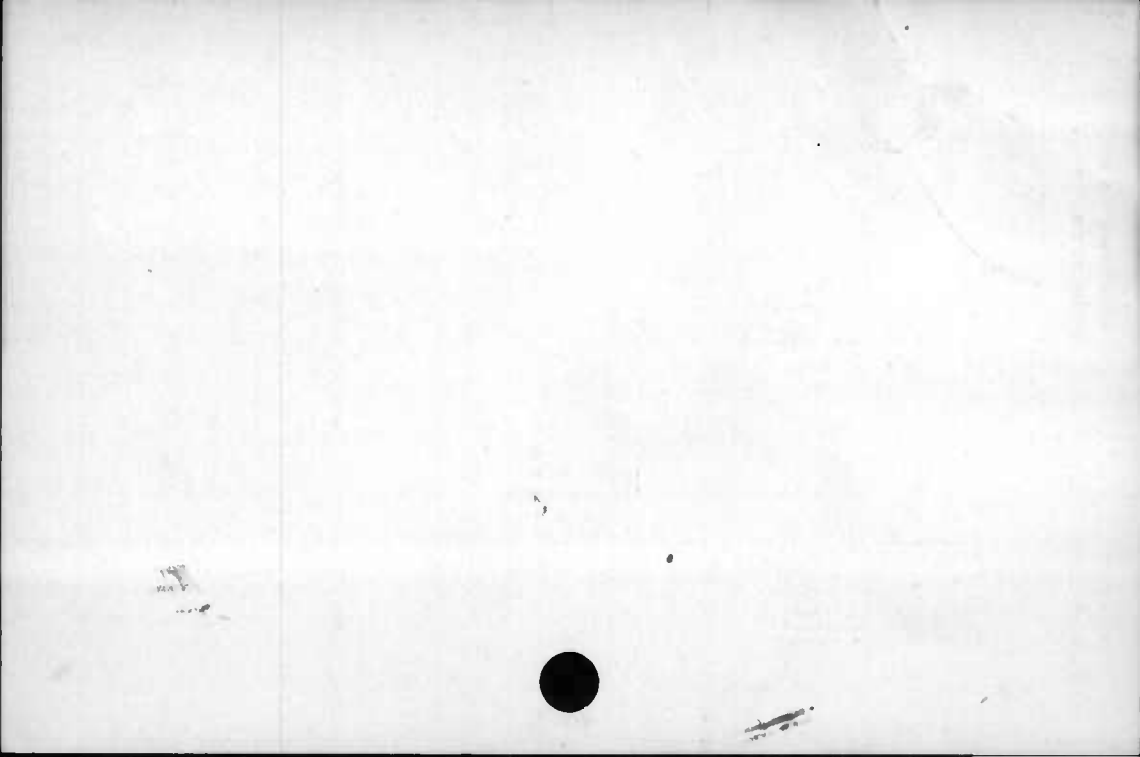
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name		Mary Miranda Bennett		Town		County		MONTGOMERY															
Died at		Blacksburg		MONTGOMERY		MONTGOMERY		MONTGOMERY															
Date of death		1906		April		18		Age		40		Months		3		Days							
Sex		Female		Color or Race		White American		Birthplace		Montg. Co. Md.		Occupation		Housewife		Where Residing if not at place of death		Blacksburg Md.					
Married, Single or Widowed		Single		Name of Wife or Husband		Wm. L. Bennett		Father's Name		Samuel J. Cecil		Father's Birthplace		Montg. Co. Md.		Mother's Maiden Name		Miranda Nicholson		Mother's Birthplace		" "	
Name of person giving information		Charles Bennett		How related to deceased		Son																	

CAUSES OF DEATH

Primary		Tuberculosis of Lungs		How long		18 Mos -	
Immediate		Physical Exhaustion		How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. E. Peet	
				Address		Blacksburg Md.	
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

W. Brown Jr.

Town

County

MARYLAND

Died at

Danversville

Montgomery

Date

Month

Day

Years

Months

Days

of death 1906

4

25

Age

Sex

Male

Color or
Race

W. Brown

Birth-
place

Germananton Md

Occupation

Where Residing if not
at place of death

Married, Singla
or Widowed

Name of Wife or
Husband

Father's
Name

W. Brown

Father's
Birthplace

Germananton Md

Mother's
Maiden Name

Fizzie Campbell

Mother's
Birthplace

Germananton

Name of person giving
In formation

Physician

How related
to deceased

—

92

CAUSES OF DEATH

Primary

Bronchitis-pneumonia

How long

3 wks.

Immediate

Asphyxia

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

U. D. Towse M.D.

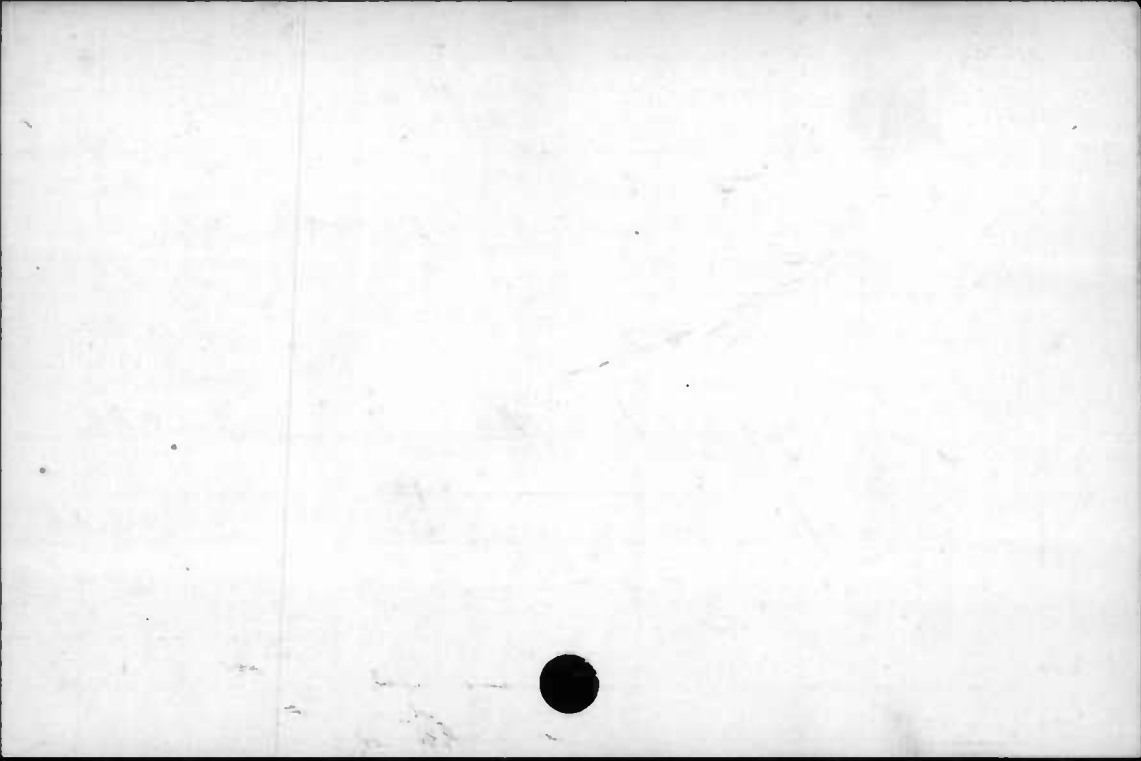
Address

Danversville Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Charles Grant Buckle

CERTIFICATE OF DEATH

Died at <i>Chovy Chase</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death	1906	Month	4	Day	22
		Age	0	Years	
				Months	9
				Days	13
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<input checked="" type="checkbox"/>		Where Residing if not at place of death	<i>Washington D.C.</i>	
Married, Single or Widowed	<input checked="" type="checkbox"/>		Name of Wife or Husband	<i>Anna</i>	
Father's Name	<i>Charles Grant Buckle</i>			Father's Birthplace	<i>Penna.</i>
Mother's Maiden Name	<i>George Buckle</i>			Mother's Birthplace	<i>D.C.</i>
Name of person giving information	<i>George Buckle</i>			How related to deceased	<i>Uncle</i>

CAUSES OF DEATH

Primary	<i>Whooping Cough</i>	How long	<i>2 months</i>
Immediate	<i>Digestive trouble</i>	How long	<i>2 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>John L. Lewis M.D.</i>
		Address	<i>Bethesda Md.</i>
Accident or Suicide?			



Name
in
Full

Robt. Oscar Caelius

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

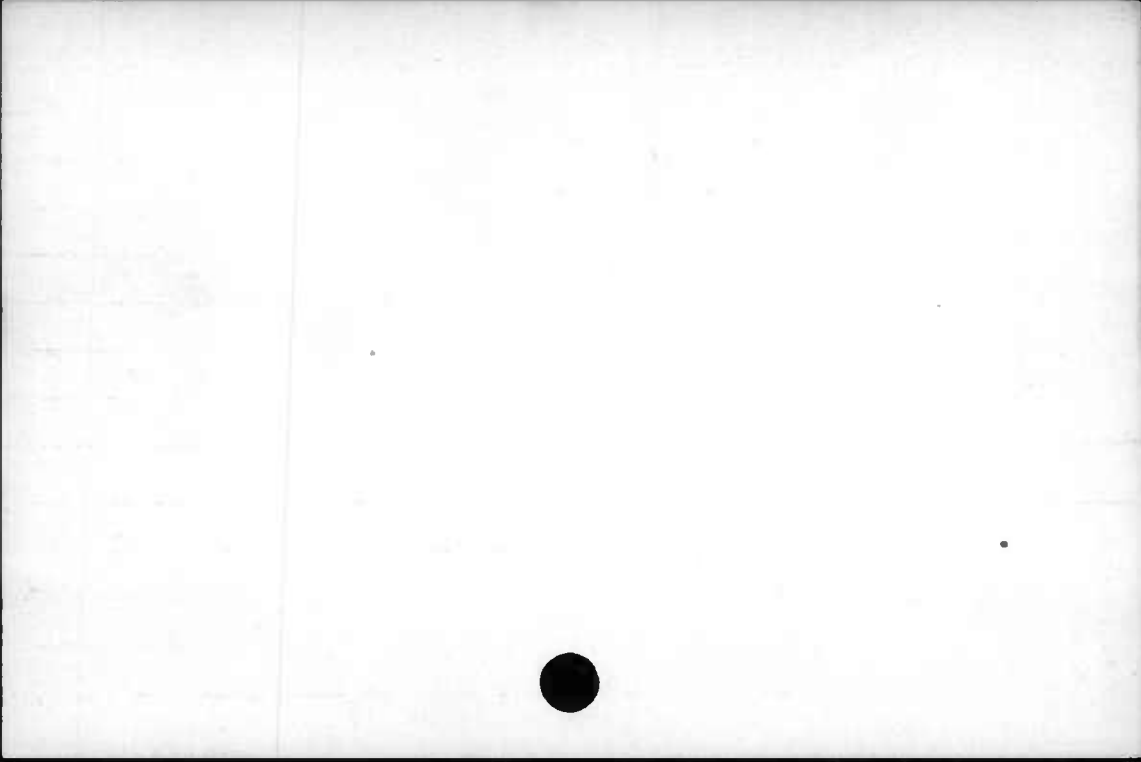
MARYLAND

Died at ^{Town} <i>Leor Patomac</i>		^{County} <i>Montgomery</i>			
Date of death 190 <i>6</i>	Month <i>4</i>	Day <i>3</i>	Years <i>20</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Frame boy</i>			
Name of Wife or Husband <i>X</i>					
Father's Name <i>Frank Caelius</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Hansen</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving Information <i>Father</i>			How related to deceased <i>F</i>		

CAUSES OF DEATH

Primary <i>Typhoid fever</i>	How long <i>7 weeks</i>
Immediate <i>& Lausman</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. M. Smith</i>
	Address <i>Rockville Ind</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name
in
Full

Harriet Davis

CERTIFICATE OF DEATH

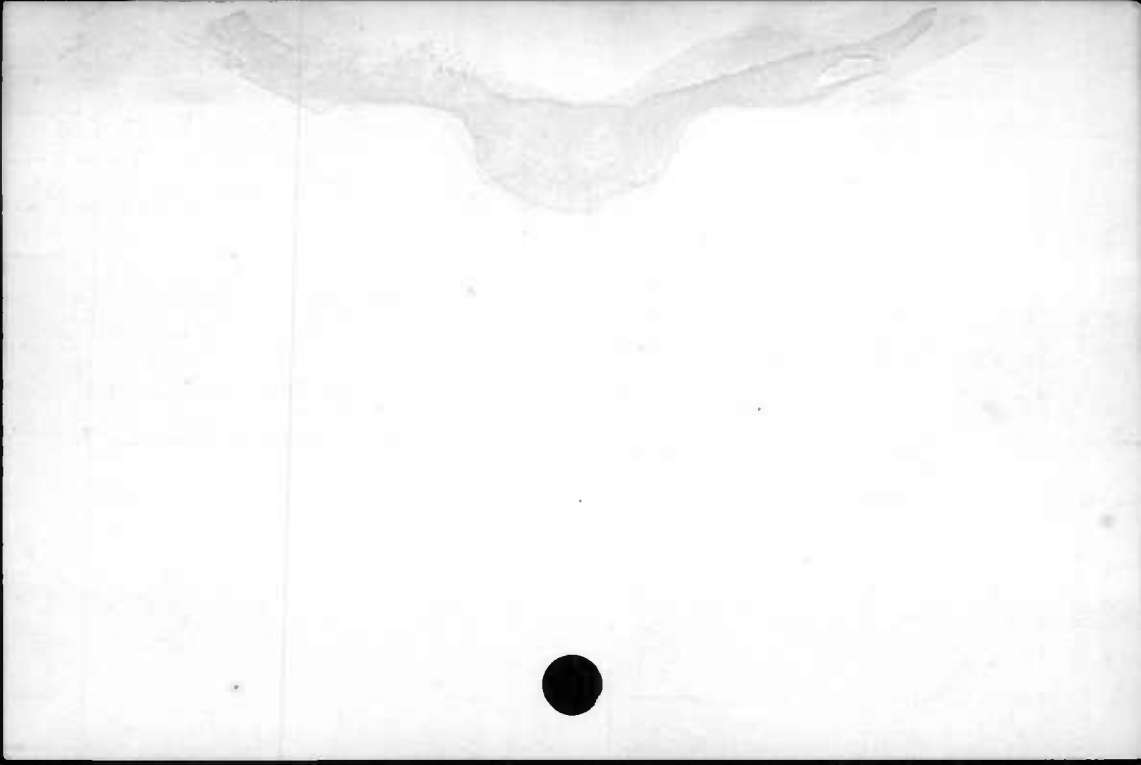
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Kings Valley</i>		Town <i>Mount</i>		County		MARYLAND	
Date of death 1906	Month <i>4</i>	Day <i>22</i>	Age <i>81</i>	Years	Months <i>X</i>	Days <i>X</i>	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind.</i>				
Married, Single or Widowed <i>Widow</i>			Occupation <i>X</i>				
Name of Wife or Husband <i>Benj. Davis</i>							
Father's Name <i>Don't know</i>				Father's Birthplace <i>Ind. (?)</i>			
Mother's Maiden Name <i>Don't know</i>				Mother's Birthplace <i>Ind. (?)</i>			
Name of person giving information <i>Belle Davis</i>				How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart disease</i>	How long <i>5 years.</i>
Immediate <i>Same</i>	How long <i>X</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>P. S. Lunsdale</i>
	Address <i>Dumasens Ind.</i>
Accident or Suicide? <i>X</i>	



Name
in
Full

Mrs Martha Day

CERTIFICATE OF DEATH

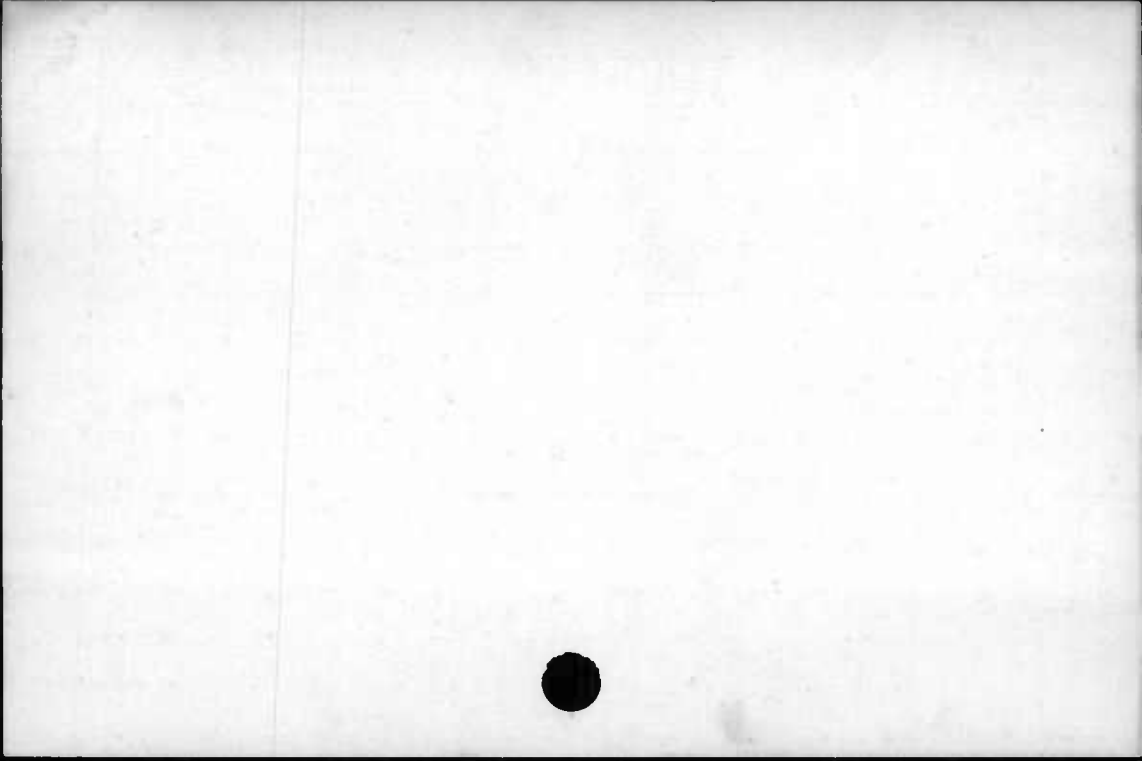
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Woodfield</u>		County <u>Montgomery</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Apr</u>	Day <u>16</u>	Years <u>61</u>	Months <u>2</u>	Days
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Montgomery Co</u>		
Occupation <u>Housewife</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Frank B Day</u>				
Father's Name <u>Horace Warfield</u>	Father's Birthplace <u>Montgomery Co</u>				
Mother's Maiden Name <u>Sarah R King</u>	Mother's Birthplace <u>Montgomery Co</u>				
Name of person giving information <u>Amanda Purdham</u>	How related to deceased <u>Sister</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>10 days</u>
Immediate <u>"</u>	How long <u>"</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W H Dwyer</u>
	Address <u>Loytownville</u>
Accident or Suicide?	<u>Ind</u>



Name
in
Full

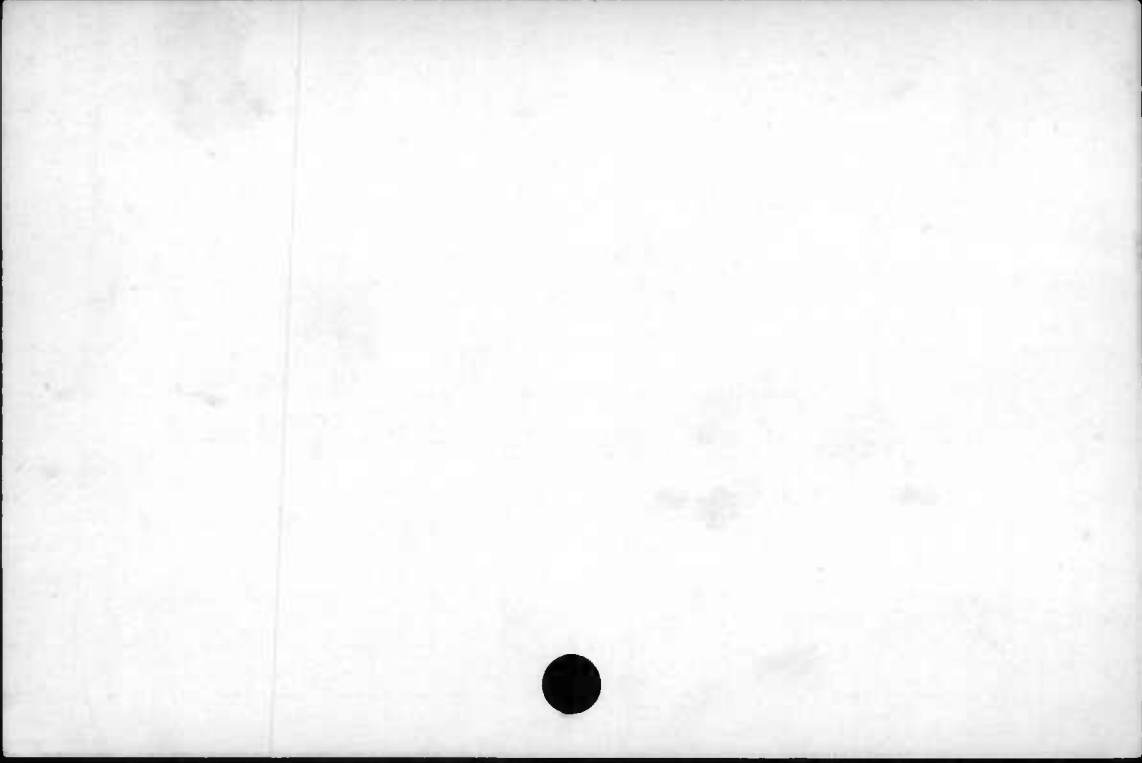
Sadie Lillian Drwall

CERTIFICATE OF DEATH

Died at ^{Town} near Woodfield		^{County} Montg		MARYLAND	
Date of death 1906	Month 4	Day 5	Age 18	Years	Months — Days —
Sex Female	Color or Race White	Birth-place Md.			
Married, Single or Widowed Single	Occupation X				
Name of Wife or Husband X					
Father's Name Joseph J. Drwall			Father's Birthplace Md		
Mother's Maiden Name Geneva A. Perry			Mother's Birthplace Md		
Name of person giving information William F. Drwall			How related to deceased Uncle		

CAUSES OF DEATH

PHYSICIAN OR CORNER	Primary	1 hanging	How long —
	Immediate	Strangulation	How long —
	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician P. S. Lunsdale
			Address Damascus Md.
	Accident or Suicide? Suicide		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Annie Laura Eckhardt

Town

County

Died at

Kennington

Montgomery

MARYLAND

Date

of death

1906

Month

April

Day

14

Age

Years

41

Months

8

Days

24

Sex

Female

Color or
Race

White

Birth-
place

Nash. P. C.

Occupation

Housewife

Where Residing If not
at place of death

Same

Married, Single
or Widowed

Married

Name of Wife or
Husband

Cornelius Eckhardt

Father's
Name

Henry Kaiser

Father's
Birthplace

Germany

Mother's
Maiden Name

Christina Sippert

Mother's
Birthplace

Wash. D. C.

Name of person giving
Information

Mr. Eckhardt

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Carcinoma of uterus

How long

18 months

Immediate

Carcinoma of uterus

How long

18 hrs.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

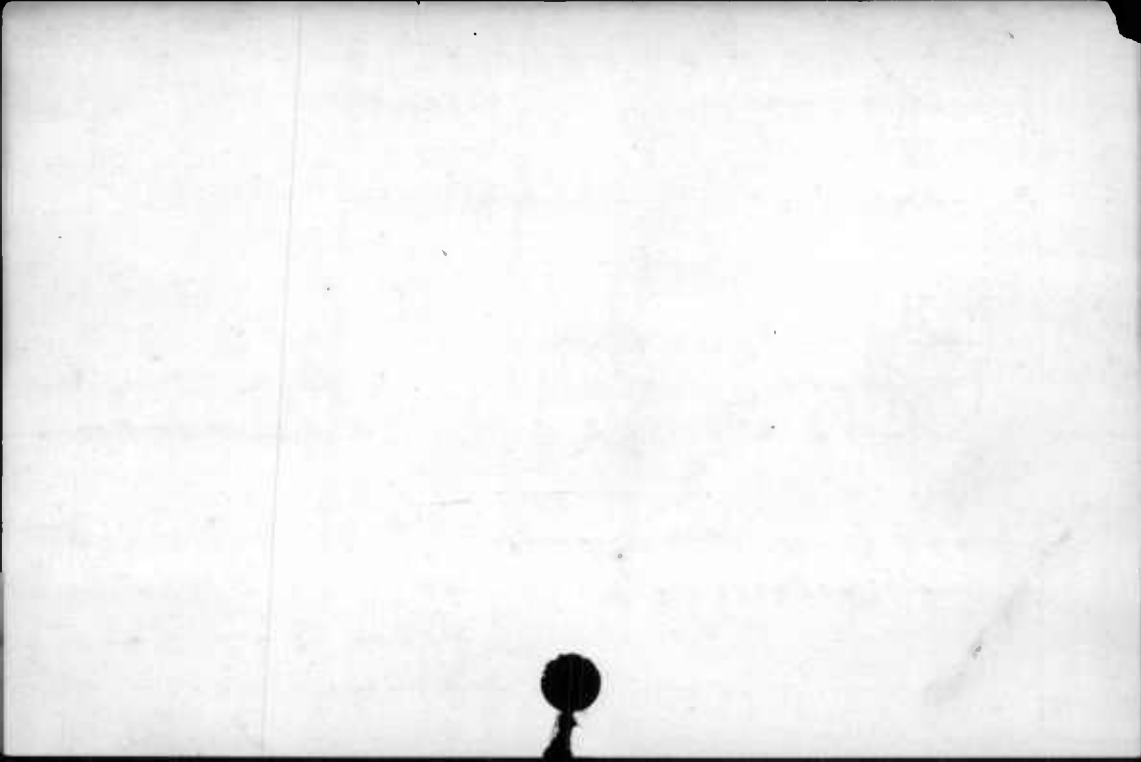
Eugene Jones

Address

Kennington

Accident or Suicide?

No



Name
in
Full

Martha Fraizier

CERTIFICATE OF DEATH

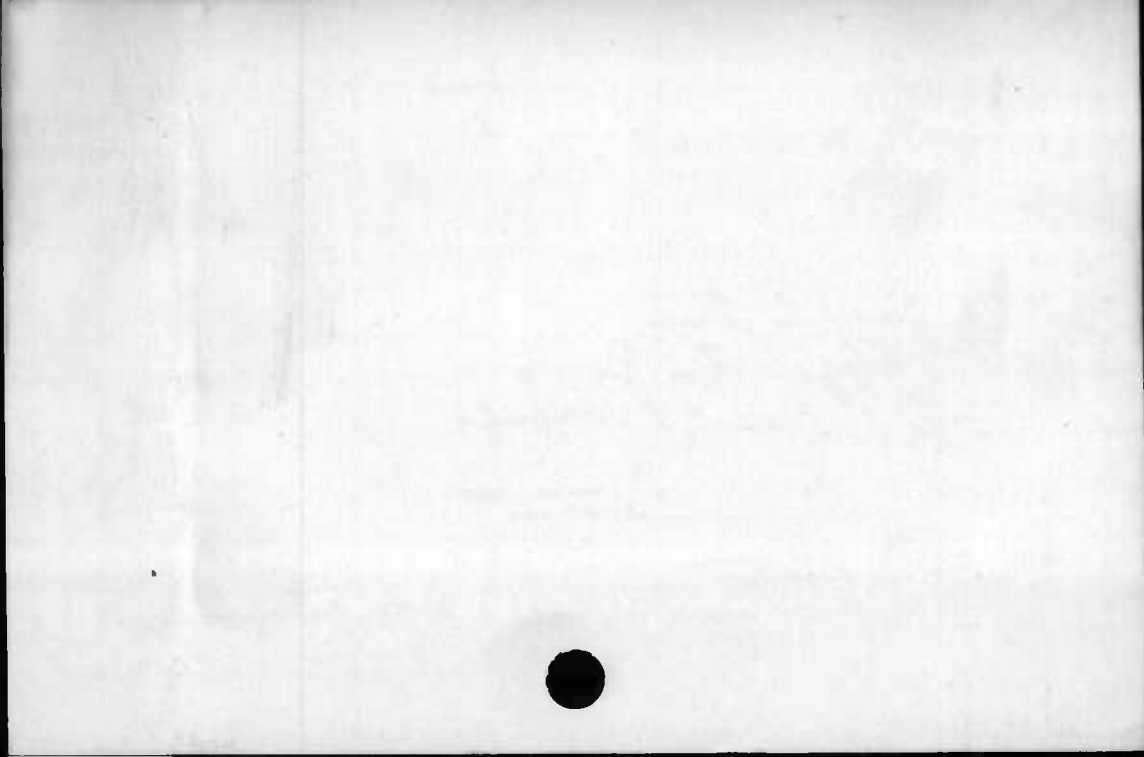
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Spencerville		County mont		MARYLAND	
Date of death	1906	Month april	Day 29	Age	Years	Months 8	Days
Sex	Female		Color or Race	Black		Birth- place	md
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Will Fraizier		Father's Birthplace	
Mother's Maiden Name				Mollie Adams		Mother's Birthplace	
Name of person giving information				Ruth Fraizier		How related to deceased	
				Grand ma			

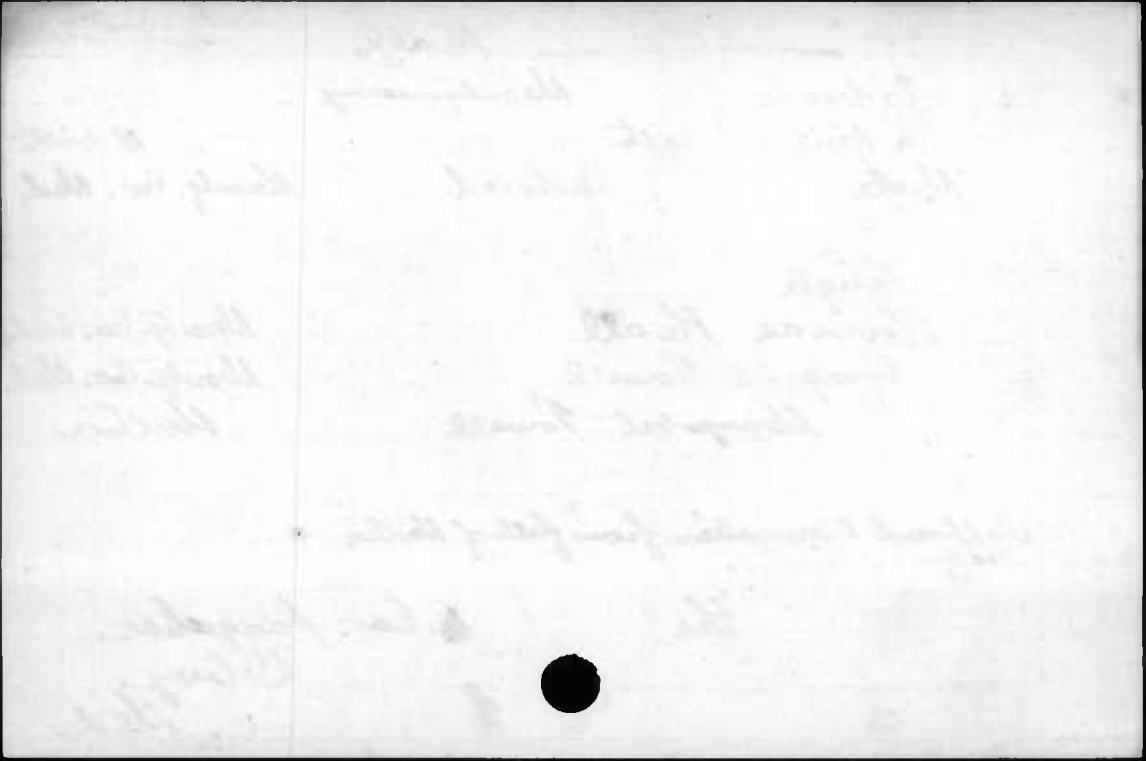
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Coughing Cough		How long	2 month
Immediate	Pneumonia		How long	7 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			John E. Patton	
			Address	
			Spencerville	
			md	
Accident or Suicide?				



Name in Full <i>John W. Guen</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Laytonville</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>
	Date of death <i>1906</i> <small>Month</small> <i>April</i> <small>Day</small> <i>19</i>		<i>69</i> <small>Years</small> <small>Months</small> <small>Days</small>
	Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Montgomery Co</i>
	Occupation <i>Farmer</i>	Where Residing If not at place of death <i>—</i>	
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>	
	Father's Name <i>Joseph Guen</i>	Father's Birthplace <i>Howard Co</i>	
	Mother's Maiden Name <i>Elizabeth Bowman</i>	Mother's Birthplace <i>Montgomery Co</i>	
Name of person giving information <i>Israel G. Warfield</i>	How related to deceased <i>None</i>		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Chronic Suppurative Wristitis</i>	How long <i>Three years</i>	(3)
	Immediate <i>Peritonitis</i>	How long <i>Ten days</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Byson</i>	
		Address <i>Laytonville Ind</i>	
	Accident or Suicide? <i>—</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Edison</u>		Town <u>Ball</u>		County <u>Montgomery</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>April</u>	Day <u>6th</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>At Birth</u>	
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Montg. Co. Md.</u>				
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>					
Father's Name <u>Thomas Hall</u>				Father's Birthplace <u>Montg. Co. Md.</u>			
Mother's Maiden Name <u>Margaret Powell</u>				Mother's Birthplace <u>Montg. Co. Md.</u>			
Name of person giving information <u>Margaret Powell</u>				How related to deceased <u>Mother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Supposed transmission from fall of Mother before birth.</u>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Chas. Farguehar.</u>
	Address <u>Olney Md.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

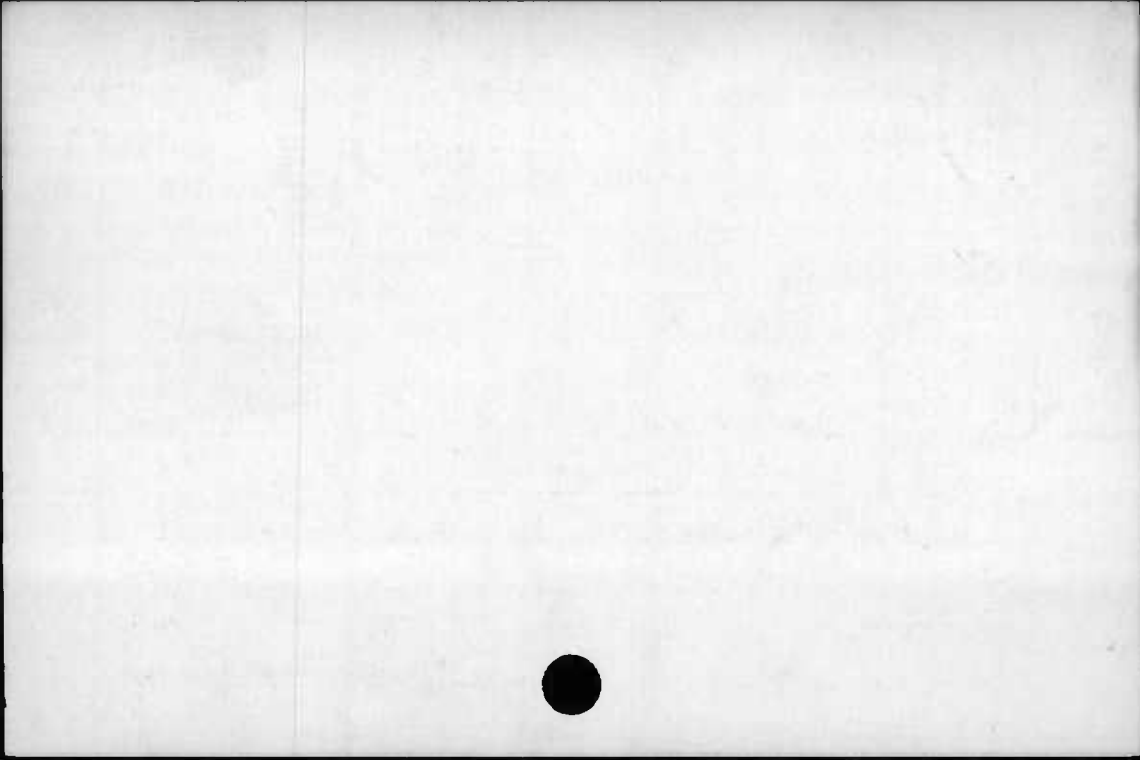
TO BE ANSWERED BY
NEAREST FRIEND

Name John H. Hammer		Town Stamont Sanatorium Montgomery		County Montgomery		State MARYLAND	
Date of death	1906	Month April	Day 30th	Year 19	Months 4	Days 18	
Sex Male	Color or Race White		Birth- place Washington				
Occupation Mechanic			Where Residing if not at place of death				
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name George H. Hammer		Father's Birthplace Ind					
Mother's Maiden Name Emma Sauer		Mother's Birthplace Pa					
Name of person giving information E. M. Sternberg		How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary tuberculosis	How long Nine months
Immediate "	How long "
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician E. M. Sternberg
	Address Stamont Sanatorium Washington Grove Md.
Accident or Suicide?	



Name
in
Full

Grace Harvey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Ashton* ^{Town} County *Montgomery* ^{County} **MARYLAND**

Date of death *1905* Month *4* Day *11* Age *59* Years Months *1* Days *5*

Sex *Female* Color or Race *White* Birth-place *Baltimore*

Occupation *Housekeeper* Where Residing if not at place of death *Ashton Md*

~~Married, Single~~ ~~or Widowed~~ Name of Wife or Husband

Father's Name *Thomas P. Harvey* Father's Birthplace *Baltimore*

Mother's Maiden Name *Martty Thomas* Mother's Birthplace *Montgomery Md*

Name of person giving information *E. G. Porter* How related to deceased *Uncle*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Rheumatoid arthritis Deformans* How long *27 years*

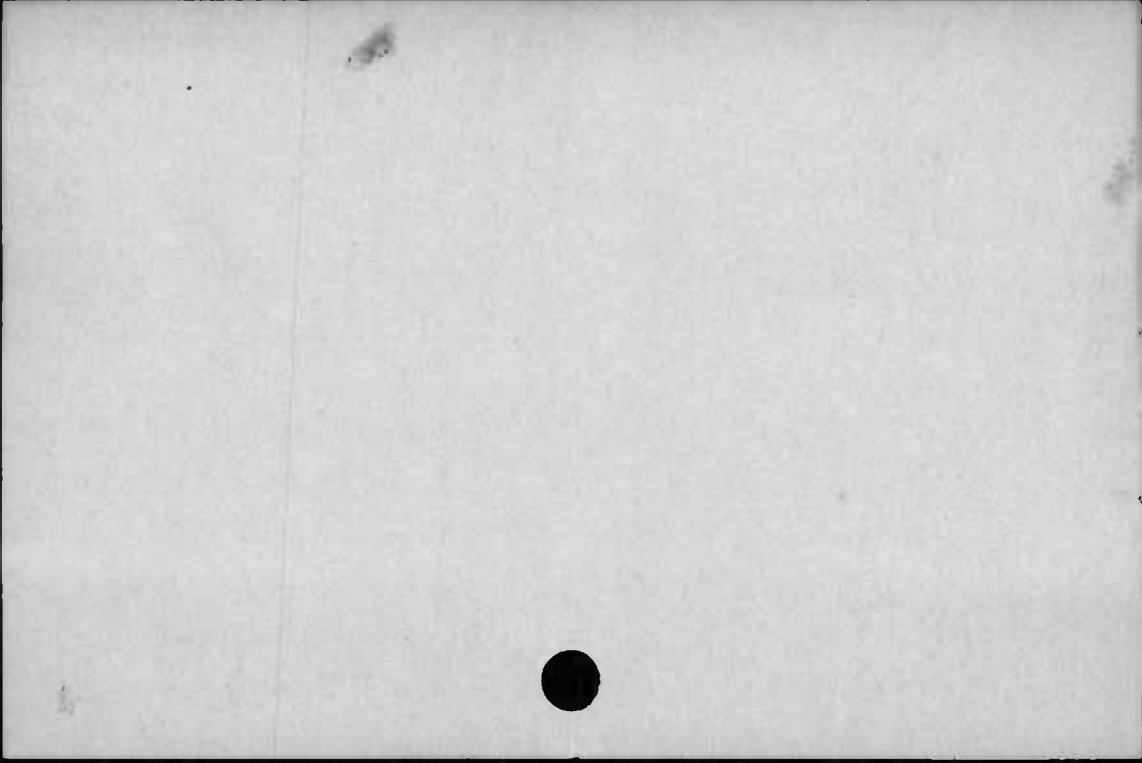
Immediate *Acute Indigestion* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Roger Brooke*

Address *Sandy Spring Md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

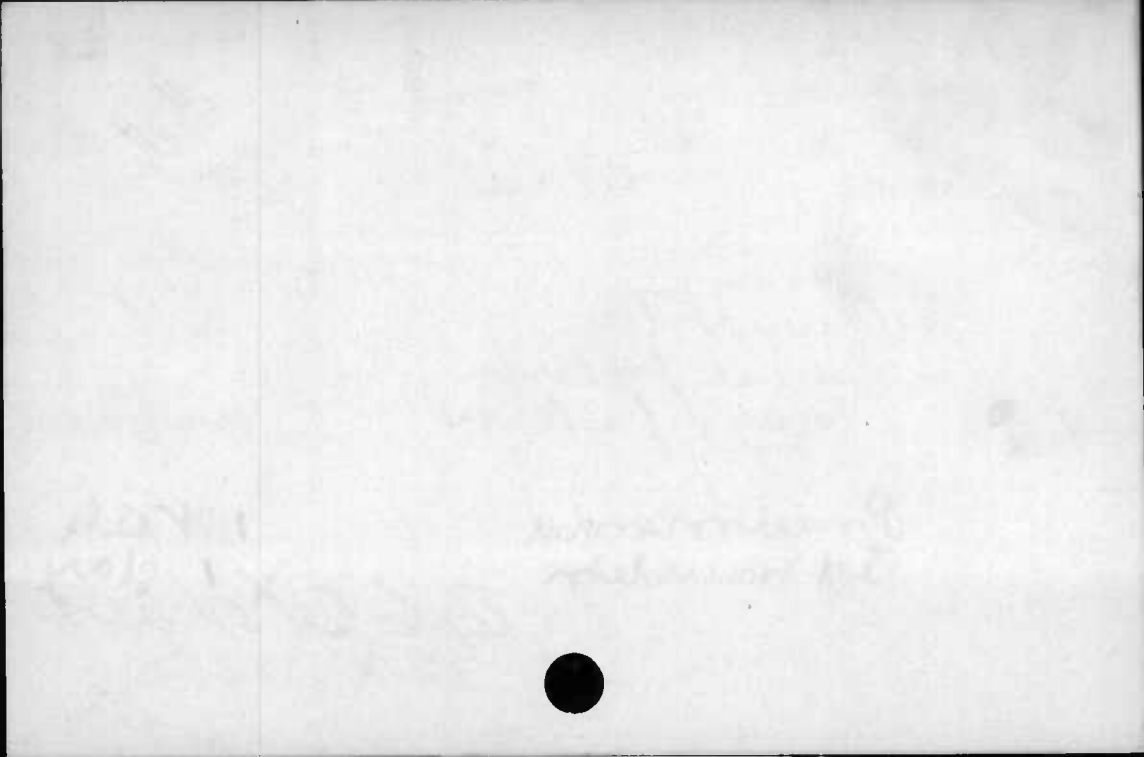
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Cherry Chase		Montz					
Date of death	1906	Month	April	Day	26	Age	31
Sex		Color or Race		Years		Months	Days
Female		Negro		31		—	—
Occupation		Where Residing if not at place of death		Birth-place			
Housewife		✓		Va			
Married, Single or Widowed	Married	Name of Wife or Husband		James Hawkins			
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased		James Hawkins		Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular Dis of Heart	How long	1 yr
Immediate	Dropsey	How long	2 mos
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		W. L. Lewis	
		Address	
		Kensington Md	
Accident or Suicide?			
✓			



Name
in
Full

Beatrice Hebron

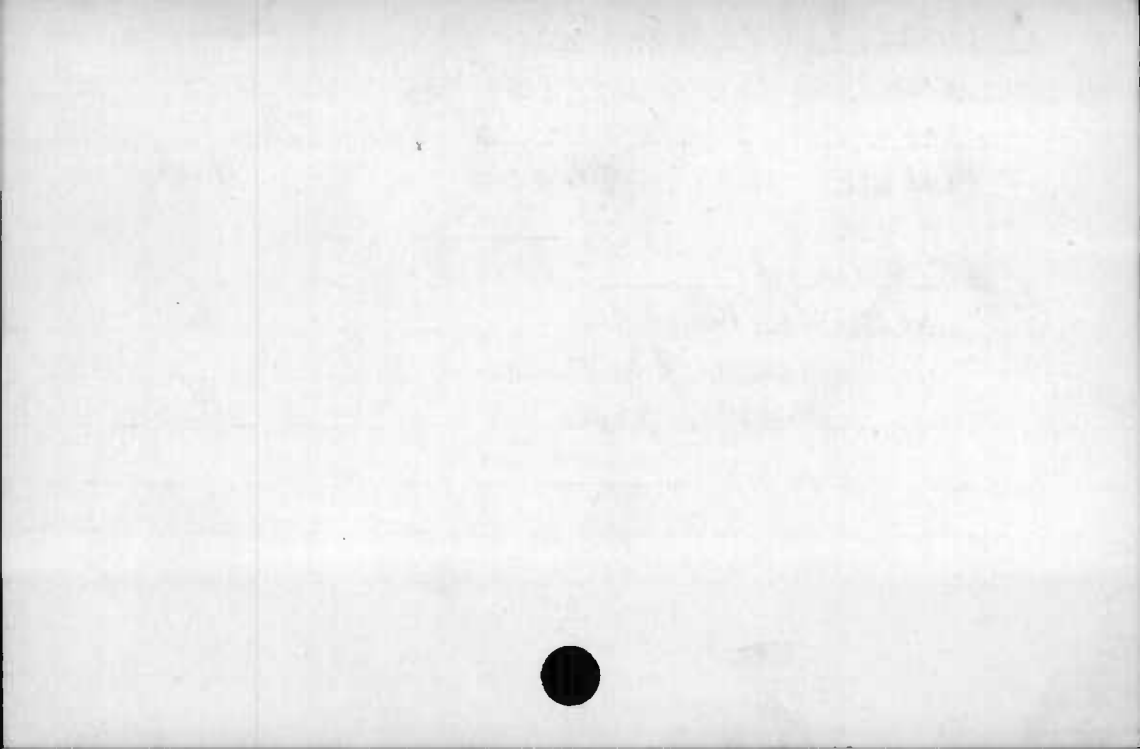
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Redland</u> <small>Town</small>		<u>Montz</u> <small>County</small> <u>Co</u>		MARYLAND	
Date of death <u>1906</u>	<u>4</u> <small>Month</small>	<u>26</u> <small>Day</small>	<u>2</u> <small>Years</small>	<u>3</u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Ind</u>			
Occupation <u></u>			Where Residing if not at place of death <u></u>		
Married, Single or Widowed <u></u>			Name of Wife or Husband <u></u>		
Father's Name <u>William Hebron</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Mannie Jackson</u>			Mother's Birthplace <u>"</u>		
Name of person giving information <u>Henry Jackson</u>			How related to deceased <u>Grand Father</u>		

CAUSES OF DEATH

Primary <u>Pneumonia</u>	How long <u>1 week</u>
Immediate <u>Exhaustion</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>E. B. Glendon</u>
	Address <u>Wixpersburg</u>
Accident or Suicide?	



Name
in
Full

Edward L. Heim

CERTIFICATE OF DEATH

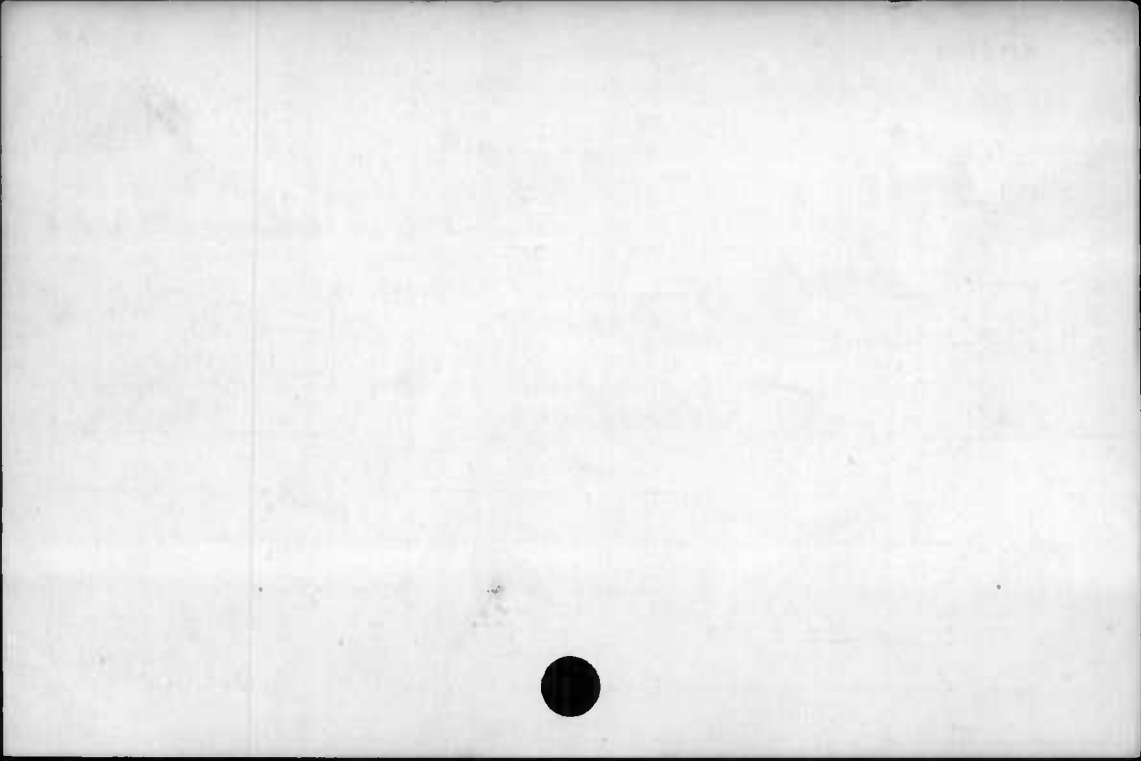
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Goshen</i>		County <i>Montg</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>4</i>	Day <i>26</i>	Age <i>61</i>	Months <i>6</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary</i>			
Father's Name <i>David Heim</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Annie R. Taylor</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Mary Heim</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Organic Heart Disease</i>	How long <i>years =</i>
Immediate <i>Heart Failure</i>	How long <i>4 hrs —</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. B. Haddock —</i>
	Address <i>Gaithersburg —</i>
	<i>md.</i>
Accident or Suicide? <i>—</i>	



Name

in
Full

CERTIFICATE OF DEATH

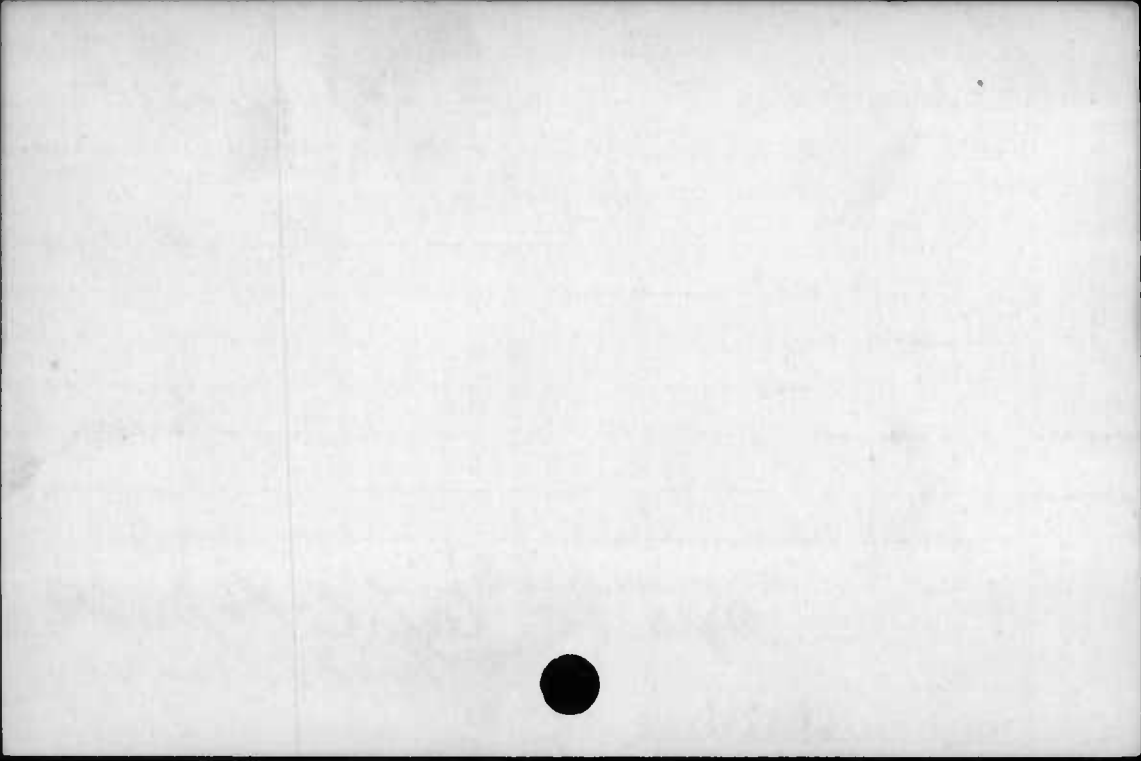
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Washington Grove</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month <i>4</i>	Day <i>17</i>	Age	<i>36</i>	Years	Months <i>—</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Wash</i>		
Occupation	<i>—</i>			Where Residing if not at place of death	<i>Washington D.C.</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband					
Father's Name	<i>Don't Know</i>				Father's Birthplace	<i>Wash D.C.</i>	
Mother's Maiden Name	<i>—</i>				Mother's Birthplace	<i>" " "</i>	
Name of person giving information	<i>Dr. Stenberg</i>				How related to deceased	<i>None</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary tuberculosis</i>	How long
Immediate	<i>Pulmonary consumption</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. M. Stenberg M.D.</i>	
	Address <i>Stamont Sanatorium</i>	
Accident or Suicide?		



Name

in
Full

CERTIFICATE OF DEATH

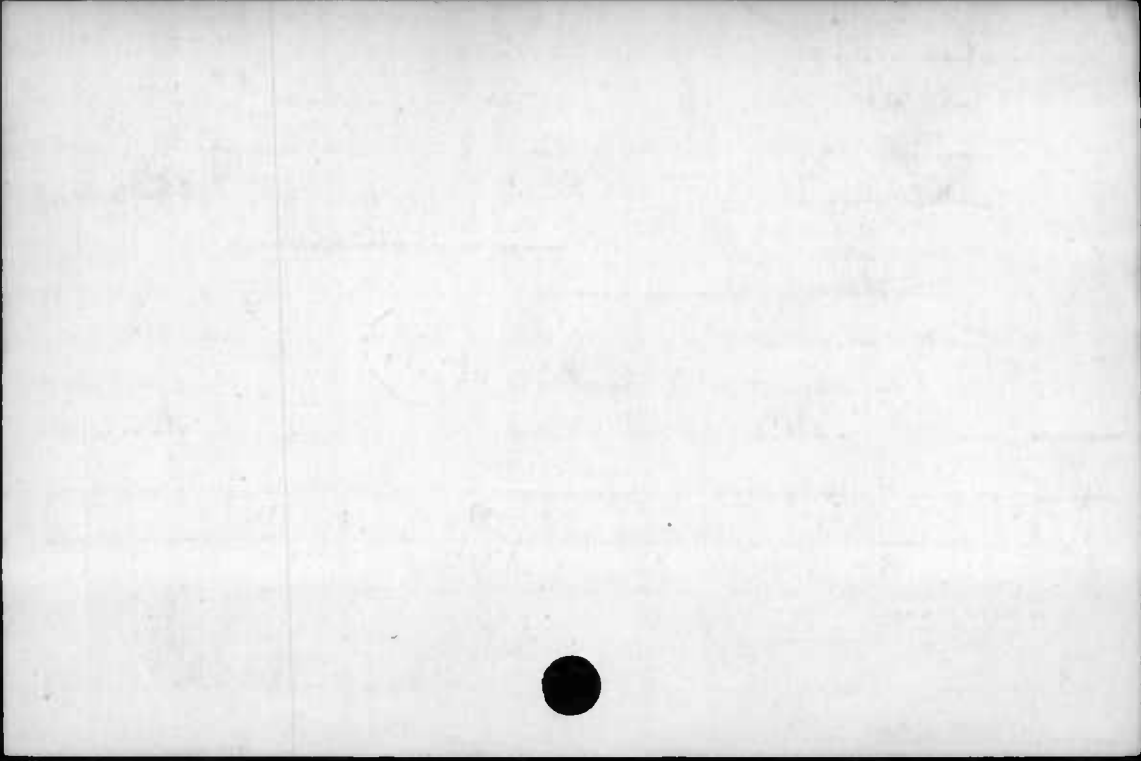
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Saithersburg</i>		Town <i>Saithersburg</i>		County <i>Mont</i>		State <i>MARYLAND</i>	
Date of death <i>1906</i>	Month <i>April</i>	Day <i>25</i>	Age <i>45</i>	Years <i>45</i>	Months <i>8</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Occupation <i>Blacksmith</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary M.</i>					
Father's Name <i>John H. King</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Elizabeth Cecil</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Mrs. King</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Suicide by shooting</i>	How long <i>159</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. L. Edwards</i>
	Address <i>Saithersburg Ind</i>
Accident or Suicide? <i>suicide</i>	



Name
in
Full

Unnamed Infant King

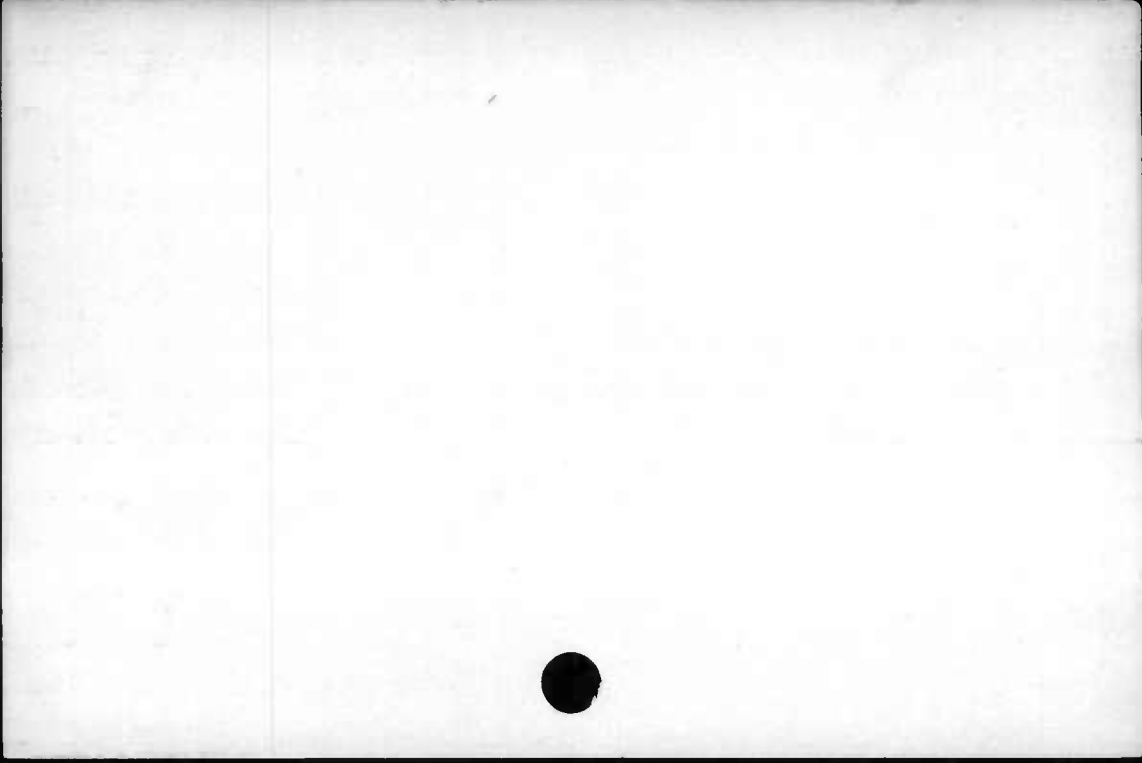
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Damascus</u> ^{Town}		<u>Harriet</u> ^{County}		MARYLAND	
Date of death 190 <u>6</u>	Month <u>4</u>	Day <u>3</u>	Age <u>—</u> ^{Years}	Months <u>—</u>	Days <u>2</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>md.</u>		
Married, Single or Widowed <u>X</u>		Occupation			
Name of Wife or Husband <u>X</u>					
Father's Name <u>Genoa I King</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Lavinia E. Lawson</u>			Mother's Birthplace <u>md.</u>		
Name of person giving information <u>Genoa I King</u>			How related to deceased <u>Halfbro</u>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Atelectasis</u>	(151)	How long <u>From Birth</u>	
	Immediate <u>same</u>		How long <u>X</u>	
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>P. G. Lamsdale</u>	Address <u>Damascus md</u>	
	Accident or Suicide? <u>X</u>			



Name
in
Full

John Mitchell

CERTIFICATE OF DEATH

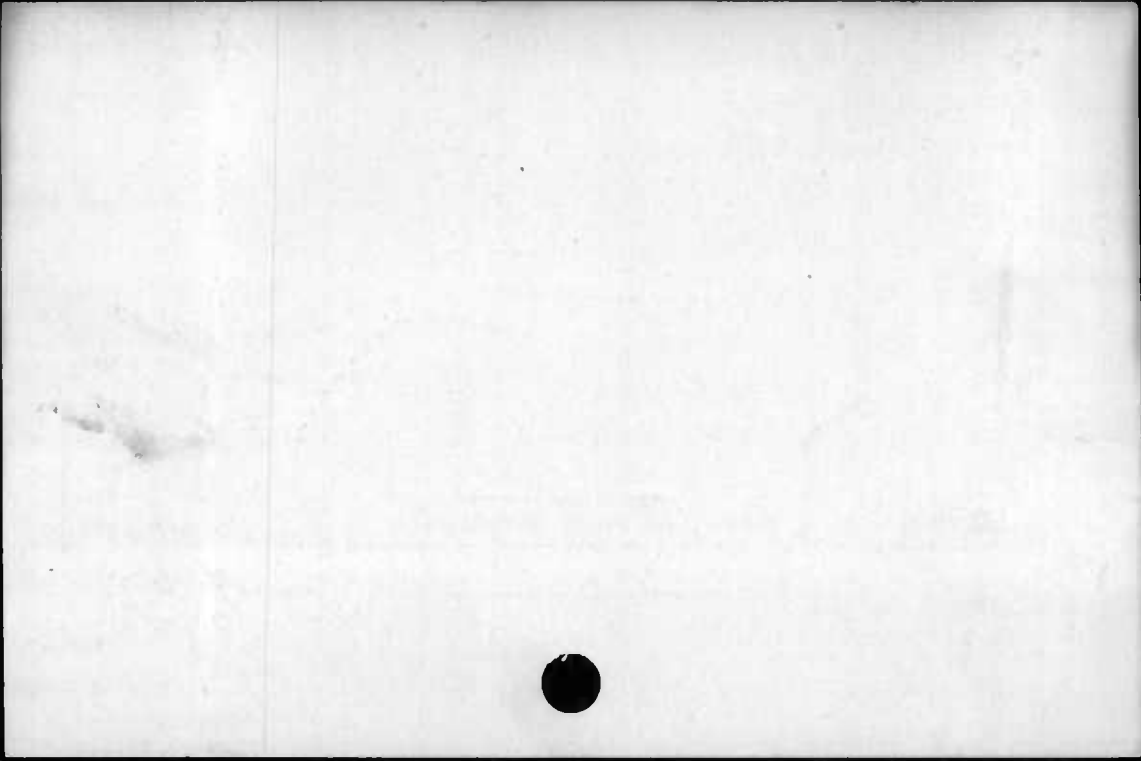
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pineville</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>April</i>	Day <i>26</i>	Years <i>23</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		<i>Pineville Md</i>		
Occupation <i>Invalid</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>John Mitchell</i>		Father's Birthplace <i>Stony Spring Md</i>			
Mother's Maiden Name <i>Femima Bond</i>		Mother's Birthplace <i>Howard Co Md</i>			
Name of person giving information <i>Femima Mitchell</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Epilepsy</i>	<i>(9)</i>	How long <i>12 years</i>
Immediate <i>convulsion</i>		How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John E. Patton</i>	
	Address <i>Pineville</i>	
Accident or Suicide?		



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Georgetown</i>		County <i>Montgomery</i>	
		Date of death <i>1904</i>		Month <i>4</i>	
		Day <i>10</i>		Age <i>76</i>	
		Sex <i>Male</i>		Color or Race <i>White</i>	
		Occupation <i>Laborer</i>		Birth-place <i>Ind</i>	
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mrs. J. Arnold</i>	
		Father's Name <i>Alfred Oden</i>		Father's Birthplace <i>Ind</i>	
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information <i>John Oden</i>		(120)		How related to deceased <i>Son</i>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Chronic Bright's with emphysema</i>		How long	
		Immediate		How long	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		(120)	
		Signature of Physician <i>Wm. H. Haddock</i>		Address <i>Washington Grove, Maryland</i>	
		Accident or Suicide?			

Cason R. Benson
Boyer Geo M.
Cahill D. F.
" Thos

Shun - Gardner's

Elder James
Fielding Geo H
Mayol Lewis L
Hill Wm D.

Haller

226

4

900

112

Kemp E. W.

Kingbury Wm H.

Larcom J. S.

Name
in
Full

Not named

Parfet

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *University - Park* Town*Montgomery* County

MARYLAND

Date of death *1906* *April* Month *21* DayAge *2* *hours*

Months

Days

Sex *male*Color or Race *white*Birth-place *University Park*

Occupation

Where Residing If not at place of death

Married, Single or Widowed *single*

Name of Wife or Husband

Father's Name *Richard W Parfet*Father's Birthplace *Pa*Mother's Maiden Name *Mary E Simms*Mother's Birthplace *Pa*Name of person giving Information *Richard W Parfet*How related to deceased *father*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *difficult labor*

How long

Immediate *Heart failure*How long *two hours*

Are the name, age, sex, color, date and place correctly given above?

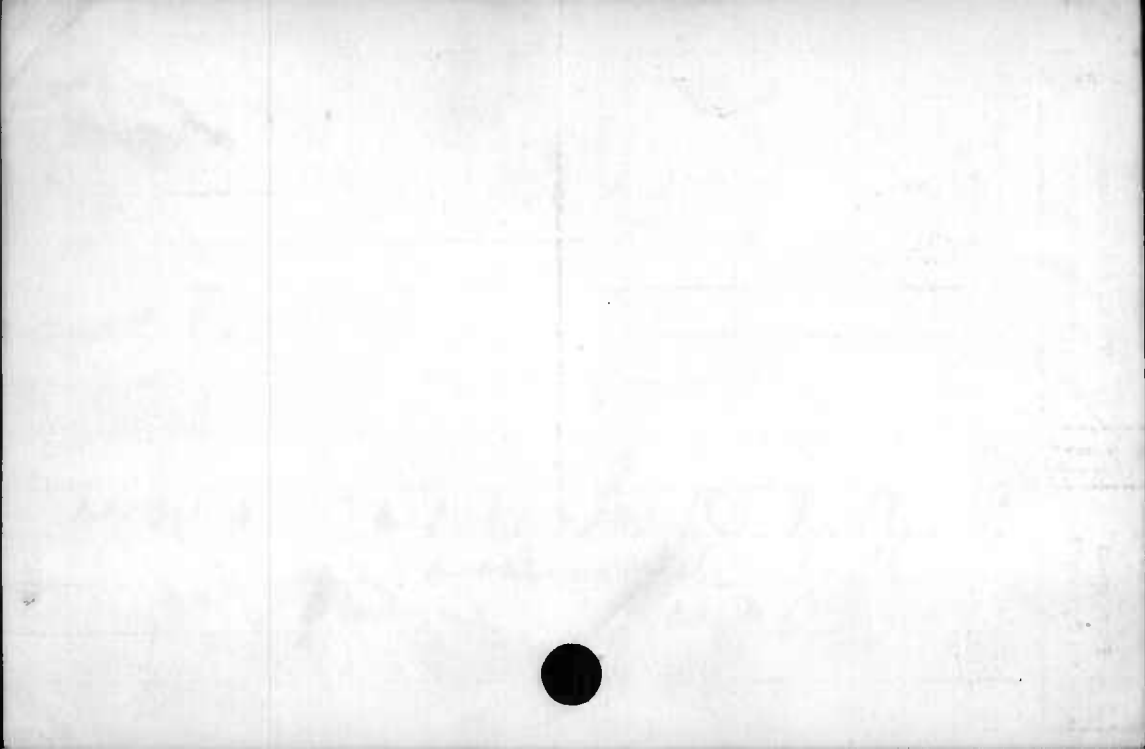
yes

Signature of Physician

Address

Anthony M. Bayard
Demarest Co. D.C.

Accident or Suicide?



Name

in
Full

CERTIFICATE OF DEATH

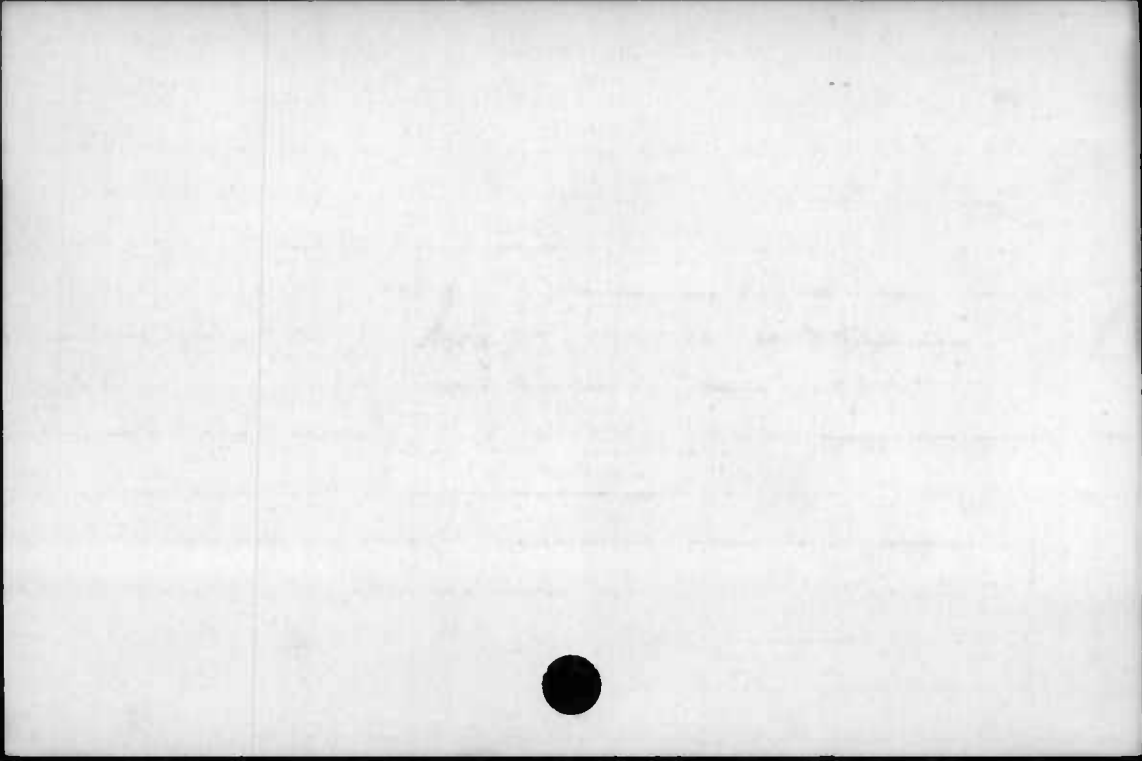
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Garrettsburg</i>		Town <i>Garrettsburg</i>		County <i>Monroe</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>4</i>	Day <i>19</i>	Age <i>41</i>	Years <i>41</i>	Months <i>6</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Thomas Phelua</i>					
Father's Name <i>Salvester, Enos</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Anna, M. Phelua</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Thos. Phelua</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pul Tuberculosis</i>	How long	<i>6 years</i>
Immediate	<i>Pul Tuberculosis</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. C. E. Schipper</i>	
		Address <i>Garrettsburg Ind</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Susanne H. Reinhardt

Died at

Town

County

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1905 April 21 Age 0, 2, 19 md Infants

Male White Married Widowed Divorced

Female Colored Single Widower Number of children living 0

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

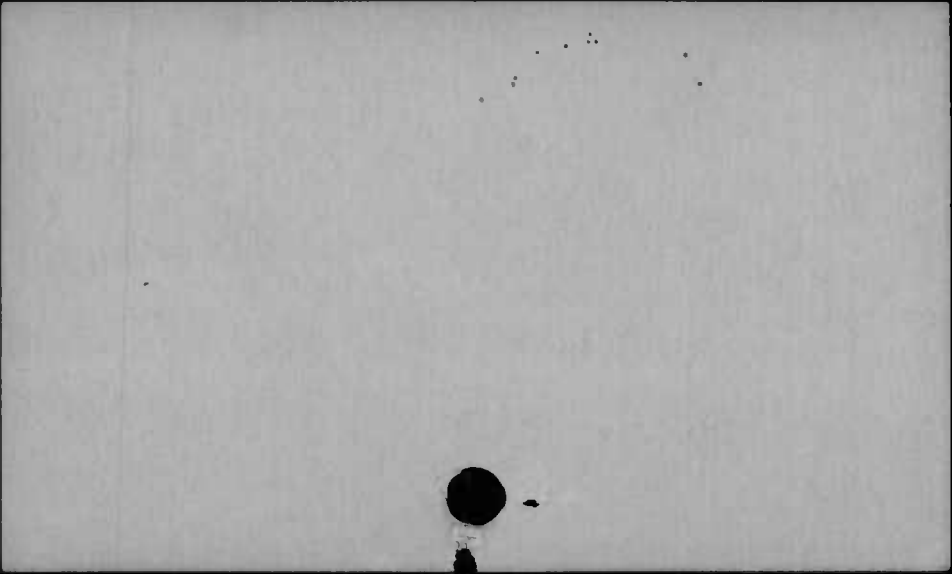
Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968



Name
in
Full

CERTIFICATE OF DEATH

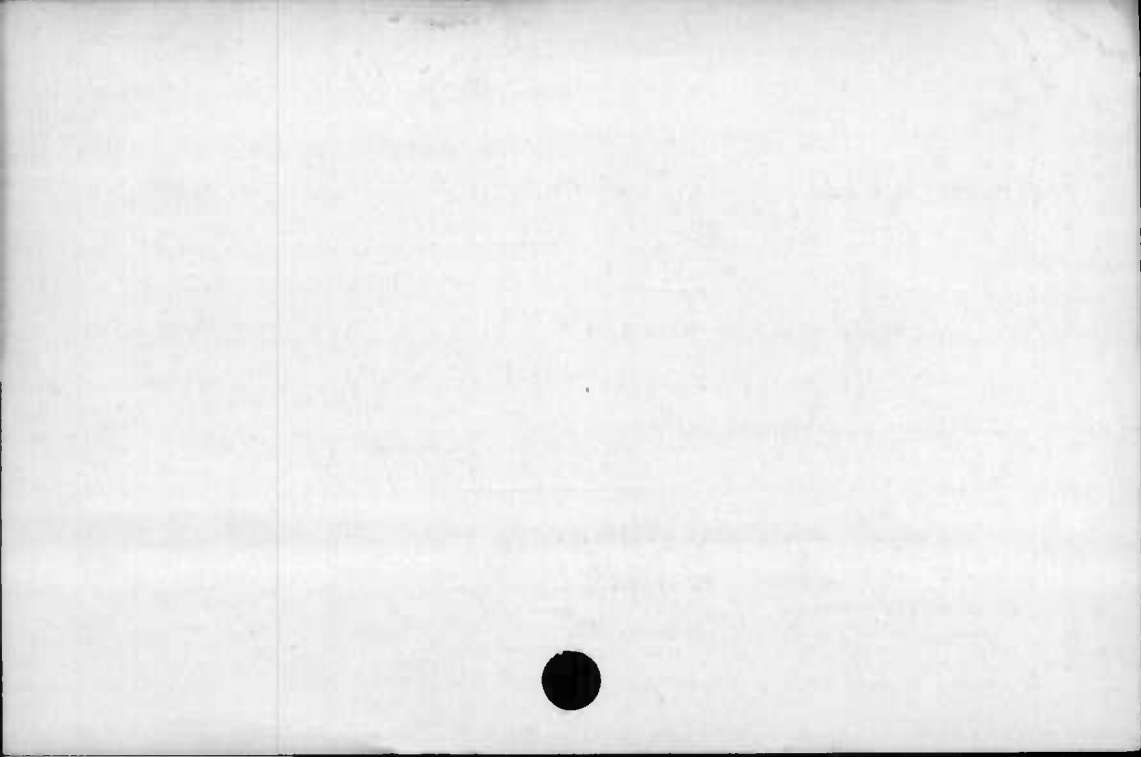
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		April	6 th	Age	84	8	
Sex	Female		Color or Race	White		Birth-place	Howard Co.
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband	Artemas Riggs			
Father's Name	Philemon J. Hayfield				Father's Birthplace	Howard Co.	
Mother's Maiden Name	Lucy Griffith Welsh				Mother's Birthplace	Howard Co.	
Name of person giving information	Frances W. Spurner				How related to deceased	Grandchild	

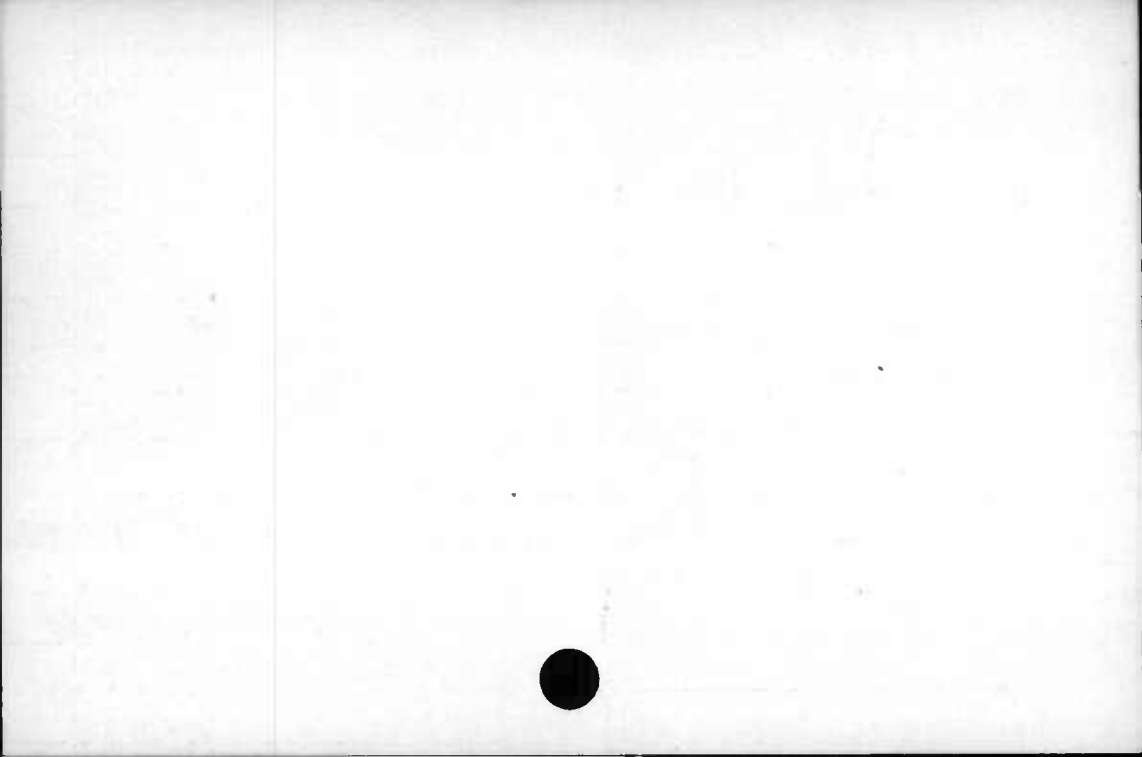
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchitis Acute	How long	3 weeks
Immediate	Pneumonia	How long	4 days
Are the name, age, sex, color, date and place correctly given above?	YES	Signature of Physician	H. G. Spurner
		Address	Unity P.O.
Accident or Suicide?			



Name in Full		Larminia Scott				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>near Beane</u>		Town		County		MARYLAND
	Date of death 190 <u>6</u>		Month <u>4</u>	Day <u>3</u>	Age <u>6</u>	Months	
	Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>Ind</u>		
	Married, Single or Widowed				Occupation		
	Name of Wife or Husband						
	Father's Name <u>Isaac Scott</u>				Father's Birthplace <u>Ind.</u>		
	Mother's Maiden Name <u>Annie Hall</u>				Mother's Birthplace <u>Ind</u>		
Name of person giving Information <u>Thos Hanson</u>				How related to deceased <u>None</u>			(78)
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Tubercular Meningitis</u>				How long <u>2 or 3 weeks</u>		
	Immediate <u>Exhaustion</u>				How long <u>X</u>		
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>				Signature of Physician <u>D. M. Litchman</u>		
					Address <u>Roadville Ind</u>		
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

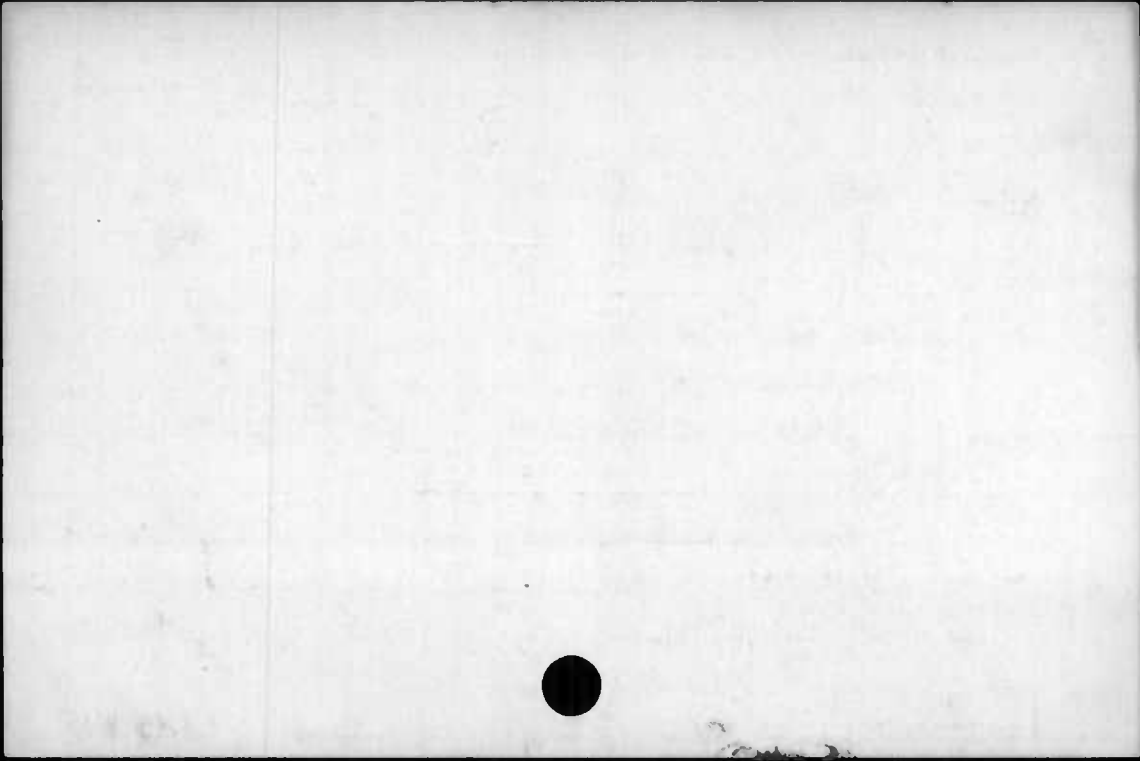
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Emory Grove</i>		Town <i>Monty</i>		County		MARYLAND							
Date of death	1906	Month	4	Day	36	Age	2	Years	3	Months	21	Days	
Sex	Male			Color or Race	Colored			Birth-place	Ind				
Occupation				Where Residing if not at place of death									
Married, Single or Widowed				Name of Wife or Husband									
Father's Name				Thos. Selkman				Father's Birthplace				Ind	
Mother's Maiden Name				Mahalia Neal				Mother's Birthplace				"	
Name of person giving information				Mahalia Hollins				How related to deceased				Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Syphilis</i>	<i>(36)</i>	How long	<i>3 months</i>
Immediate	<i>"</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. B. Edwards</i>		
		Address <i>Faithersburg Ind</i>		
Accident or Suicide?				



Name
in
Full

Annie Miller Shoemaker

CERTIFICATE OF DEATH

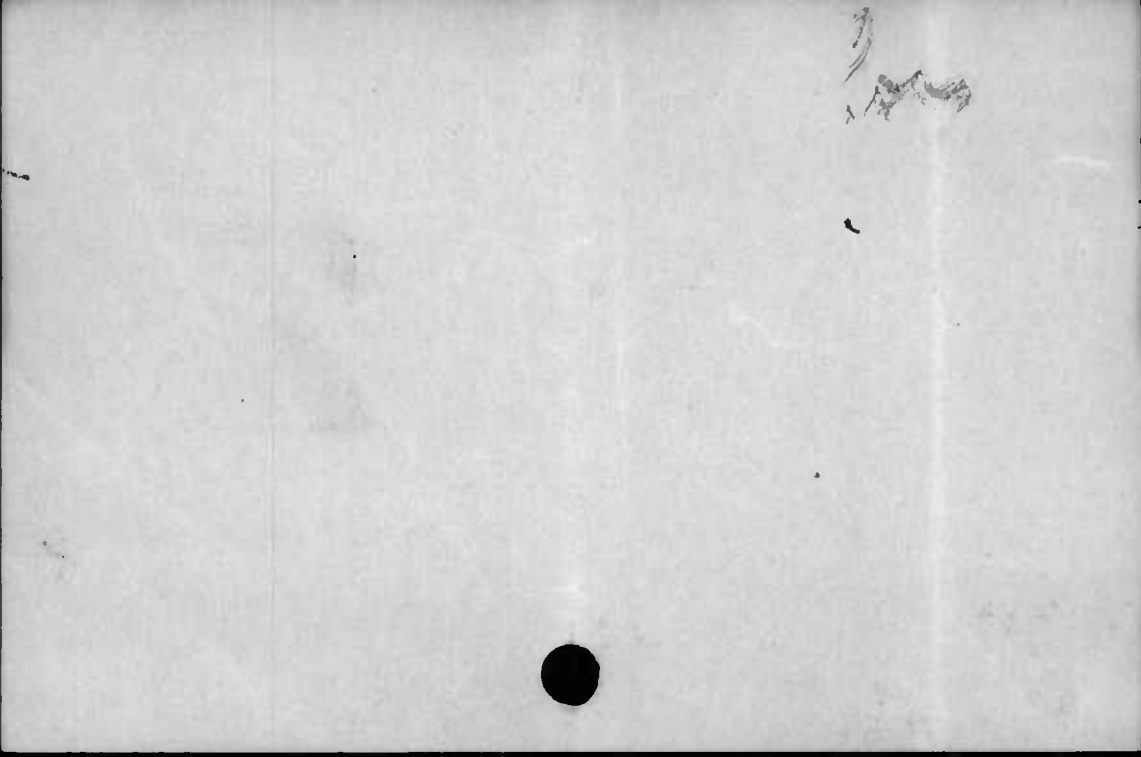
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Spencerville</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>4</i>	Day <i>13</i>	Age <i>57</i>	Years	Months <i>7</i>	Days <i>3</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>St. Louis, Missouri</i>				
Occupation <i>Care of a large estate</i>			Where Residing if not at place of death <i>Spencerville</i>				
Married, Single or Widowed			Name of HUSBAND <i>Joseph Shoemaker</i>				
Father's Name <i>Warren P. Miller</i>			Father's Birthplace <i>Alexandria, Va</i>				
Mother's Maiden Name <i>Mary Moore Miller</i>			Mother's Birthplace <i>Mont Co Md</i>				
Name of person giving information <i>Carrie M. Burke</i>			How related to deceased <i>Sister</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of Uterus</i>	How long <i>2 1/2 years</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Roger Brooke</i>
	Address <i>Sandy Spring Md</i>
Accident or Suicide?	



Name
in
Full

Sunset Earl Wood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Burdett</i>		Town <i>Montg.</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month <i>April</i>	Day <i>26</i>	Age	Years	Months	Days <i>7</i>
Sex	<i>Male</i>		Color or Race	<i>White American</i>		Birth-place	<i>Burdett, Md.</i>
Occupation	<i>_____</i>			Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed			Name of Wife or Husband <i>_____</i>				
Father's Name <i>Earl B. Wood</i>				Father's Birthplace <i>Fredrick Md.</i>			
Mother's Maiden Name <i>May B. Lynght</i>				Mother's Birthplace <i>Washington D.C.</i>			
Name of person giving information <i>Earl B. Wood</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Purpura Hemorrhagica</i>	How long	<i>2 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>_____</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>R. Peets</i>	
		Address <i>Blackburn Md.</i>	
Accident or Suicide?			

62

